FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOC	IIM/	FN	T #

1. Corporation Name

P94000058145 (1)

STRAIT-LINE CONSTRUCTION OF SO, FLORIDA, INC.

OTTAL	TEME CONSTRUCTION C					
Principal Place	of Business	Mailing Address			1 42014001 403 40414 01844 05115 004	
4352 NW 73 CORAL SPR	RD WAY INGS FL 33065	8222 WILES ROAD S CORAL SPRINGS FL				
					3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 04/26/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0514472	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
Ζιρ 24	Country 25	Zip 29	Zip Country		8. This corporation has liability for i	
24	9. Name and Address of Curre		1301		10. Name and Address of New R	
	y, manual manual and a comp	g.c.c.c.r.gc	81	Name		
	ON, RONALD D		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	W 73RD WAY SPRINGS FL 33065		83			
			84	City		FL 85 Zip Code
or registere familiar with SIGNATURE: _	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statutes	ed by the corp 	oration's boar	ation submits this statement for the pur of directors. I hereby accept the appo	ointment as régistered agent. I am
	Signature typed or printed harrie of registered agen	·· · · · · · · · · · · · · · · ·	TE Registered Age	nt signature require	d when reiristating) ADDITIONS/CHANGES TO OFFI	DATE
12.	P OFFICERS AIN	ID DIRECTORS	13. 1, 1 Title		ADDITIONS/CHANGES TO OFFI	Changs Addition
NAME	STAINTON, RONALD D		1.2 NAME			_ sivings _ sixings
STREET ADDRESS	4352 NW 73 WAY		1.3 STREET A			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 DITY-			
TITLE	ST ST	[] DELETE	2. 1 TITLE	21 - 21		Change Addition
NAME	STAINTON, DEBRA M		2.2 NAME			
STREET ADDRESS	4352 NW 73 WAY			T ADDRESS		
City-St-ZIP	CORAL SPRINGS FL		2.4 C/TY-			
TITLE		☐ DELETE	3. 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREE	T ADDRESS		1
CITY-ST-ZIP			3.4 CiTY-	ST - ZIP		
TITLE		DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	r address		
CITY-ST-ZIP			4.4 C:TY-	ST-ZIP		
TITLE		☐ DELETE	5. 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5 4 CiTY-	ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	ADDRESS		
CITY - ST - ZIP			64 CITY-	ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 Cate

345-5083 Daytime Pro Ve # CR2E034 (12/95)